

**COMPTROLLER.TEXAS.GOV****Kelly Hancock**

Acting Texas Comptroller of Public Accounts

 Confirmation: You Have Filed Successfully**Please do NOT send a paper form.**

Since you are electronically filing this report, you will not receive a paper tax return in the mail for subsequent reports due. To keep you up-to-date and informed of due dates for this tax, we will send a courtesy e-mail reminder to you at the e-mail address on file for this account.

Franchise Tax

2026 Annual Public Information Report Confirmation

Date and Time of Filing

01/31/2026 09:23:34 PM

Filing Information

Reference Number:

86117351

Taxpayer:

32016486667, E-CHOICE INSURANCE GROUP, INC.

Address:

2028 E BEN WHITE BLVD # 240-1355

AUSTIN, TX, 78741

Public Information Report Taxpayer



This address has been standardized by USPS

Taxpayer Name:

E-CHOICE INSURANCE GROUP, INC.

Taxpayer Number:

32016486667

SOS File Number or Comptroller File Number:

0800436121

Mailing Address:

2028 E BEN WHITE BLVD ATTN TREATY OFFICE # 240-1355
AUSTIN, TX, 78741

Principal Office**Principal Office:**

Huda Hassen Durri: Boqorad to the Yehuda=Qore Trust.

Principal Place of Business:

Earth.

Changes From Previous Year?:

Yes

**Officers, Directors, Managers, Member
or General Partner****Name:**

HUDA HASSEN DURRI and/or Huda Hassen Durri.

Title:

Credit,Record and Paymaster Soul Authentication Director Plenipotentiary
office.

Director:

yes

Term Expiration Date:**Mailing Address:**

c/o 2028 E Ben White Blvd, Attn Treaty Office#240-1355
Austin City State, Texas, 78741

Owned Entity(s)**Owned Entity(s):**

E-CHOICE INSURANCE GROUP, INC.

State of Formation:

EARTH

TX SOS File#:

Percentage of Ownership:

100

Owners

Owned Entity(s):

HUDA HASSEN DURRI

State of Formation:

EARTH.

TX SOS File#:

Percentage of Ownership:

100

Registered Agent and Office

Agent:

E-Choice Insurance Services, Inc.

Office:

2028 E Ben White Blvd,Attn Treaty Office#240-1355

Austin City State, TX, 78741

Declaration Statement

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the submission date, and that a copy of this information has been mailed to each person named in this section who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

User Identification

ID : echoice

Name : DURRI, HUDA HASSEN

Emailinfo@echoiceinsurance.com

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Phone 424-222-4559

:

IP : 199.172.251.138

Version1.0.1

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